

Nevada Office of HIV/AIDS

Ryan White Part B Program

Eligibility & Enrollment Documents/Checklist



Name: _____ **URN:** _____ **Date:** _____
Phone Number: _____ **Eligibility Specialist:** _____

Documents from each category must be attached to this checklist and easily located in the client file for the initial enrollment, annual and six month recertification. Please review OHA Policy 15-21 for more guidance.

PROOF OF HIV DIAGNOSIS	
All clients must provide upon initial enrollment only one (1) medical/legal document from the list below indicating HIV infection.	
<input type="checkbox"/>	Western Blot
<input type="checkbox"/>	Request for Proof of Diagnosis Form completed by applicant's physician (Form 15-39)
<input type="checkbox"/>	Letter on physician's letterhead, with signature of MD, indicating that the applicant is HIV positive with diagnosis date.
<input type="checkbox"/>	Quantitative viral load test with value when accompanied by a physician letter stating HIV positive diagnosis.
<input type="checkbox"/>	Positive HIV immunoassay and positive HIV Western Blot
<input type="checkbox"/>	Positive HIV immunoassay and detectable HIV RNA
<input type="checkbox"/>	Two positive HIV immunoassays (should be different assays based on different antigens or different principles)

PROOF OF IDENTIFICATION	
All clients must provide upon initial enrollment only one (1) of the documents below	
<input type="checkbox"/>	Current Nevada Driver's License
<input type="checkbox"/>	Passport/Foreign Country ID
<input type="checkbox"/>	INS papers/Permanent Resident Card
<input type="checkbox"/>	Government issued photo ID card
<input type="checkbox"/>	Consulate Card
<input type="checkbox"/>	Resident Alien Card (U.S. citizenry not required)
<input type="checkbox"/>	Social Security Card or Birth Certificate; must be in conjunction with photo ID (above)

CURRENT LABS (CD4 / VIRAL LOAD)	
All applicants must provide upon initial enrollment only current CD4 and Viral Load lab work. Upon annual enrollment only Viral Load lab is required but CD4s are highly desirable	
<input type="checkbox"/>	For clients receiving Outpatient Ambulatory Medical Care through RWPB, labs are required at six month recertifications

EXISTING INSURANCE COVERAGE	
All clients must provide upon initial enrollment and annually proof of existing insurance (public or private) or a statement of no insurance.	
<input type="checkbox"/>	Proof of Medicaid/Nevada Health Link application or exemption
<input type="checkbox"/>	Employer Insurance Verification (Form 15-49)
<input type="checkbox"/>	Current insurance benefits package information
<input type="checkbox"/>	ADAP Cost Effectiveness Worksheet if client is requesting Insurance Assistance (HICP) or Medication Assistance programs (ADAP) (Form 15-38)

PROOF OF NEVADA RESIDENCY	
All clients must provide upon initial enrollment and annually two (2) documents from the list below	
<input type="checkbox"/>	Current lease/Rental Agreement
<input type="checkbox"/>	Rent/Mortgage Receipt (dated within the past 30 days)
<input type="checkbox"/>	Utility Bill (dated within the past 30 days)

PROOF OF NEVADA RESIDENCY (CONT.)	
<input type="checkbox"/>	Verification of Residence (dated within the past 30 days) (Form 15-50)
<input type="checkbox"/>	Letter from a Government Agency
<input type="checkbox"/>	Voter Registration/Vehicle Registration
<input type="checkbox"/>	Prison Release Papers
<input type="checkbox"/>	Current Nevada Driver's License
<input type="checkbox"/>	Current Nevada DMV Identification Card
<input type="checkbox"/>	Consulate Identification Card
<input type="checkbox"/>	Resident Alien Card
<input type="checkbox"/>	Other verifiable government issued photo ID with address
<input type="checkbox"/>	Dependent Support Form with current utility bill rent/mortgage receipt, etc.
<input type="checkbox"/>	Homeless Declaration Form (Form 15-44)
<input type="checkbox"/>	Tax Return
<input type="checkbox"/>	Proof of property taxes paid

PROOF OF INCOME LEVEL	
Proof of household income not to exceed 400% FPL based on their Modified Adjusted Gross Income (MAGI). Household income includes the income of anyone client claims on their taxes or the income of someone who claims client on their taxes.	
<input type="checkbox"/>	Copy of most recent pay stubs for the last month
<input type="checkbox"/>	Copy of most recent annual disability, SSI, retirement, pension, VA, child support/alimony, unemployment benefits, etc. statements
<input type="checkbox"/>	Profit and Loss Statement from self-employment
<input type="checkbox"/>	Verification of No Income (Form 15-45)
<input type="checkbox"/>	One (1) month of bank statements only if pay stubs or annual statements cannot be provided
<input type="checkbox"/>	Pre-paid debit card statements
<input type="checkbox"/>	Dependent Support Form (Form 15-48)

PROOF OF HOUSEHOLD SIZE	
All clients must provide upon initial enrollment and annually all documents from the list below as applicable to determine household size	
<input type="checkbox"/>	Marriage License/Domestic Partner Registration Form
<input type="checkbox"/>	Birth Certificates of dependents in household
<input type="checkbox"/>	Tax Return

RECERTIFICATION – EVERY SIX (6) MONTHS	
One of the following is acceptable at six month recertification: full application and documentation, self-attestation of no change or self-attestation of change with documentation	
<input type="checkbox"/>	Six Month Self-Attestation of Ryan White Part B Eligibility (Form 15-46)
<input type="checkbox"/>	Existing Insurance Coverage (refer to this section)
<input type="checkbox"/>	Proof of Nevada Residency (refer to this section)
<input type="checkbox"/>	Proof of Income Level (refer to this section)
<input type="checkbox"/>	Proof of Household Size (refer to this section)
<input type="checkbox"/>	Most recent labs if available (not required)